



IDAHO DEPARTMENT OF HEALTH & WELFARE

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INFORMATIONAL LETTER #2007-1

DATE: January 26, 2007

TO: ALL RESIDENTIAL OR ASSISTED LIVING FACILITIES IN IDAHO

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **Provision of Emergency Services**

The Idaho Assisted Living Association and the Idaho Health Care Association met with Department representatives to discuss concerns related to the provision of emergency services for residents residing in Residential Care or Assisted Living Facilities. The two Associations asked the Department to provide written information on the provision of emergency services.

Under state rule, a facility is required to have written policies for:

- 16.03.22.152.04 Transfer of residents
- 16.03.22.153.02.a Staff response in the event of medical and psychiatric emergencies

Specific requirements are in place to ensure resident health and safety, i.e.:

- 16.03.22.520 To protect residents from inadequate care
- 16.03.22.525 To protect residents from neglect
- 16.03.22.550.12 To control health related services

Emergencies include circumstances that call for immediate action when medical treatment or emergency responder (police, fire, paramedic, EMT) services are needed to prevent serious harm to an individual. Examples: Choking episode, cardiac arrest, seizures, uncontrolled bleeding, change in a resident's level of consciousness, fractures,

hallucinations, episodes of residents threatening other residents or staff with harm, drug overdose. In case of such emergencies, 911 must be contacted immediately or these incidents may be cited at the Core Issue level and could result in serious enforcement actions against the facility's license.

Emergency responders do not have to transport a resident if:

- The emergency responder, after assessing the resident and situation, believes that the resident is stable and does not require transport; or,
- The resident refuses transfer after being informed of the consequences of the decision.

In the first situation facility staff must document in the resident's clinical record who did the assessment and that they determined the resident does not need to be transported and any recommendations. Example: "patient stable, no transport necessary at this time, contact physician for follow-up treatment as necessary" per EMT John Doe.

In the second situation, the clinical record must document who informed the resident of the consequences and the specifics of the discussion.

It is neither appropriate nor consistent with state rule for the facility to first call the administrator, or resident's family/guardian, before calling 911.

- In the event the resident is receiving hospice services, it is not appropriate to call the hospice staff prior to calling 911. Failure to call 911 could result in a delay of emergency services if the Hospice agency is called for direction.
- There are not normally medically trained staff in a Residential Care or Assisted Living facility to make the determination if the emergency condition should be treated or not.
 - In the event that the facility's RN is on duty to assess the resident, he/she may make the determination if the emergency condition is related to the terminal illness and should be treated.
- The NSA should provide clear direction to facility staff on the care and services that are to be provided including services provided by outside agencies such as hospice.

If there is not an emergency but there is a medical need, facility staff must follow facility policy as it relates to contacting the nurse.

If you have any questions, please contact Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program at 208 / 334-6626.



DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/nm

c: Idaho Assisted Living Association
Idaho Health Care Association